Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8-30-08</u>	Address:	<u>CR 1000 W</u>
Case #:	<u>34-34397</u>		Hatfield, ln
County:	Spencer		
Type of Laboratory Seizure (check one) ⊠ Operational Lab □ Chemical/Glassware/Equipment (only)		Seizure Location (c	heck all that apply) Hotel/Motel Open No Structure
	te (only)	Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Field Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: Field Corrosive Base: Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencie		Investigative Information Dephedrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other: Found by hunters cies that serve the location:	
Fire Depart	rtment: <u>Luce Twp</u> Fax: <u>812-359-4910</u>		
Health Department: Spencer County		1°ax: <u>812-6</u> Fax: <u>N/A</u>	<u>149-6047</u>
Child Protection Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Doug Humphrey</u> Phone <u>812-867-2079</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for rerention.